



Sunburst Community Service Foundation ~ Sunburst Mental Health  
 AUTHORIZATION TO RELEASE FORM

Participant Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that Sunburst will only release to the designated adults I have authorized below. **These adults will be asked for identification before your child will be released to them.** This includes daycares, friends, family and all others that will come into contact with Sunburst staff and your child/children.

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD OR RECEIVE YOUR IF THEIR NAME IS NOT LISTED BELOW. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD

**THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK-UP / RECEIVE MY CHILD**

1. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Relationship: (Circle One) Grandparent Relative Family Friend Daycare Provider Other: \_\_\_\_\_

Has permission to pick-up and/or receive child?  YES  NO

2. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Relationship: (Circle One) Grandparent Relative Family Friend Daycare Provider Other: \_\_\_\_\_

Has permission to pick-up and/or receive child?  YES  NO

3. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Relationship: (Circle One) Grandparent Relative Family Friend Daycare Provider Other: \_\_\_\_\_



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Has permission to pick-up and/or receive child?  YES  NO

4. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Relationship: (Circle One) Grandparent Relative Family Friend Daycare Provider Other: \_\_\_\_\_

Has permission to pick-up and/or receive child?  YES  NO

5. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Relationship: (Circle One) Grandparent Relative Family Friend Daycare Provider Other: \_\_\_\_\_

Has permission to pick-up and/or receive child?  YES  NO

Expiration Date	If you do not specify an expiration date below, this Authorization will expire one year from the date of your signature unless otherwise specified (not more than thirty months). Expiration Date: (mm/dd/yy) _____ Initials: _____
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Special Considerations for emergency transportation:

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant or Legal Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunburst Mental Health Representative**

**This requirement is necessary to account for all children and keep them safe.  
 In our ongoing efforts to streamline pick-ups and drop-offs while maintaining security, we ask that families inform the people on this list that they will be required to show proof of ID before we will release the child.**